

P L E A S E

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STATE OF NEW HAMPSHIRE RECEIVED

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

OCT 3 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Deb	ra Vanderbeek, Rober	t Clegg, Periklis Karou	itas, Leann Moccia, Chris Herr	
II. Name of lobbyist's part	tnership, firm or cor	poration, if any:		
Legislative Solutions, L.L.C.				
	nership, firm or corporation)			
III. Name of Client			Date October 18, 2018	
Political Contributions For each political contribut client/lobbyist and lobbying			oter 664 paid on behalf of the	
Full name of candidate:	Graham	John		
_	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ 200	0.00	Office Candidate i	s Seeking State Representative	
Full name of candidate:	Reagan	John		
	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution $\frac{250}{}$).00	Office Candidate is	s Seeking Senate	
	ribution on the line abov		ds or services provided, and enter the ution. If the actual cost is not known,	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution ©	•		s Seeking	
Amount of contribution \$		Office Candidate 19	S SCEKING	

If the contribution is an in-kind contribution, provide a	description of the goods or services provided, and enter the e for amount of contribution. If the actual cost is not known,
enter an estimated value and the word "estimate."	e for amount of contribution. If the actual cost is not known,
	<u>, </u>
(If more than three contributions were made, report additional	l contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and	hereby swear or affirm that the foregoing information
is true and complete to the best of my knowledge	
	October 18, 2018
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	_

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Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation:	Legislative Solutions, L.L.C.
Name of Client (leave blank if Statement is for the partner	ship, firm, or corporation and not related to any
particular client):	
Date of Report (check one):	
April 25, 2018 □ July 25, 2018 □ October 3	1, 2018 🗖 January 30, 2019 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement the following Addendums submitted with that Statement submitted):	•
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information on complete to the best of my knowledge and belief.	the Statement and each Addendum is true and October 18, 2018
(Signature of lobby)s)	(Date)
Robert Clegg (Print Name of lobbyist)	

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyis
Statement of Income and Expenses for:

Name of Lobbying part	nership, firm, or corpo	ration: Legislative S	Solutions, L.L.C.
Name of Client (leave b	lank if Statement is fo	r the partnership, firm, or	corporation and not related to as
particular client):			
Date of Report (check o	one):		
April 25, 2018 □	July 25, 2018 □	October 31, 2018 💆	January 30, 2019 □
			nd Expenses described above, ar umber of Addendum forms beir
Addendum A(s)).		
Addendum B(s)).		
Addendum C(s)	ı.		
I hereby swear or affirm complete to the best of		ef.	nt and each Addendum is true ar ber 18, 2018
(Signature of lobbyist)			(Date)
Periklis Karoutas			
(Print Name of lobbyist)		

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	īrma	tion	by L	obbyist
Statem	ent of	Income	and	Expe	enses	for:

Name of Lobbying partnership, firm, or corporation:			Legislative Solutions, L.L.C.		
		•	or corporation and not related to any		
particular chent):					
Date of Report (check	one):				
April 25, 2018 □	July 25, 2018 🗆	October 31, 2018	January 30, 2019 □		
			and Expenses described above, and number of Addendum forms being		
Addendum A(s).				
Addendum B(s).				
Addendum C(s	s).				
-	m that the foregoing into the control of the contro		nent and each Addendum is true and		
heary, Ti	Grana	Oc	tober 18, 2018		
(Signature of lobbyist)	70 55		(Date)		
Leann Moccia					
(Print Name of lobbyis	st)				

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn St	atement/Afi	firmation l	by Lobbyist
Statemen	t of Income	and Expe	nses for:

Name of Lobbying partnership, firm, or corporation:	Legislative Solutions, L.L.C.		
Name of Client (leave blank if Statement is for the partners	hip, firm, or corporation and not related to any		
particular client):			
Date of Report (check one):			
April 25, 2018 ☐ July 25, 2018 ☐ October 31	, 2018 January 30, 2019 🗆		
I have read RSA 15, RSA 15-B, RSA 664, the Statement of the following Addendums submitted with that Statement (submitted):	•		
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that the foregoing information on complete to the best of my knowledge and belief.	the Statement and each Addendum is true and		
Clarkthu	October 18, 2018		
(Signature of lobbyist)	(Date)		
Christopher Herr (Print Name of lobbyist)			